

Mt. Calvary Child Care Water Sampling Lead Analysis Report

1. INTRODUCTION

1.1. GENERAL

This report presents the results of our water sampling performed at the site of Mt. Calvary Child Care, 17100 Chalmers, Detroit, MI., on May 8th, 2016. The sample results taken in conjunction with this investigation are also presented on Appendix 1.

1.2. OBJECTIVES AND SCOPE

In general, the objectives of this investigation were to:

Accurately evaluate water outlets for lead above the EPA Maximum Contaminate Level (MCL). $\begin{tabular}{ll} \hline \end{tabular}$

1.3. AUTHORIZATION

Authorization was provided by phone for our Professional Services by Donald Carpenter on May 2^{nd} , 2016.

2. SITE INVESTIGATIONS

2.1. FIELD PROGRAM

In order to sample and evaluate water, GSES took six samples, a First Draw sample and a Flush sample, from three different locations on the site.

The field portion of our investigation was under control and continual supervision of an experienced member of our field scientist staff.

2.2 LABORATORY TESTING

2.2.1. General

In accordance with ASTM D3559 and the U.S. Environmental Protection Agency guidelines for lead in drinking water at schools and child care facilities, we took two samples: first draw and flush, which is the required testing standard for drinking water lead contamination.



Results of the tests indicate that the water is below the threshold for lead contamination. A copy of the lab report and Chain of Custody is attached (Appendix 1).

3. DISCUSSIONS AND RECOMMENDATIONS

3.1. DISCUSSIONS OF FINDINGS

The water results are below the threshold for lead contamination.

We appreciate the opportunity of providing this service for you. If you have any questions concerning this report or require additional information, please do not hesitate to contact the undersigned.

Respectfully submitted,

Michael Etters Field Scientist Monica Starks, CIEC

Principal

Council-certified Indoor Environmental Consultant Board-awarded by the American Council for Accredited Certification



Appendix 1, Lab Results, Chain of Custody



APPENDIX 1 Laboratory Results and Chain of Custody

17800 Woodward Ave Suite 200 Detroit, MI 48203

National Testing Laboratories, Ltd

556 South Mansfield, Ypsilanti, MI, 48197-5166 (440) 449-2525, Fax: (440) 449-8585

ANALYTICAL REPORTS

SAMPLE CODE: 354759

5/20/2016

17100 Chalmers - 48205

Source:

Mt. Calvary Child Care, DC-01-KC-01-P

Source City: Detroit Source State: MI

17800 Woodward Ave #200

Detroit, MI 48203

G. S. Group

Monica Starks

Date/Time Received:

5/10/2016 13:30

Collected by:

Customer:

M. Effers

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

Any 'Level Detected' marked with an asterisk (*) indicates that the value has exceeded the EPA Maximum Contaminant Level (MCL) or one of the Standards of Quality.

"ND"

This contaminant was not detected at or above our lower reporting limit (LRL)

"NA"

"Standard"

This column indicates either the Maximum Contaminant Level (MCL) for EPA Primary Standards or the guideline values for EPA

Secondary Standards.

"LRL"

This column indicates the Lower Reporting Limit, which is the lowest level that the laboratory can detect a contaminant.

"DF"

This column indicates the contaminant dilution factor.

Report Notes:

Fed Id # Contaminant	Method Standard	Units LRL	Level Detected	DF Date/Time Sampled	Date Prepped	Date/Time Analyzed	
1030 Lead	200.8 0.015	Inorganic Anal mg/L 0.001	ytes - Metals 0.005	1 5/9/2016 08:2	0	5/18/2016	

These test results may be used for compliance purpose as required.

Analyst Tests EC 200.8

James Abston, Operations Manager

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354759

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ANALYTICAL REPORTS

SAMPLE CODE: 354760 5/20/2016

Customer:

G. S. Group

Monica Starks 17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Mt. Calvary Child Care, DC-01-KC-01-F

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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Report Notes:

Fed ld # Contaminant	Method Standard	Units LRL	Level Detected	DF Date/Time Sampled	Date Prepped	Date/Time Analyzed
		Inorganic Analy	/tes - Metals			
1030 Lead	200.8 0.015	mg/L 0.001	0.007	1 5/9/2016 08:2	20	5/18/2016

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Analyst Tests
EC 200.8

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ANALYTICAL REPORTS

SAMPLE CODE: 354761 5/20/2016

Customer:

G. S. Group

Monica Starks 17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Mt. Calvary Child Care, DC-02-CWF-02-P

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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1030 Lead	200.8 0.015	Inorgai mg/L	nic Analy 0.001	rtes - Metals 0.007	1	5/9/2016 08:2	20	5/18/2016	

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ANALYTICAL REPORTS

SAMPLE CODE: 354762 5/20/2016

Customer:

G. S. Group

Monica Starks 17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Mt. Calvary Child Care, DC-02-CWF-02-F

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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1030 Lead	200.8 0.015	Inorganic Analy mg/L 0.001	/tes - Metals 0.006	1 5/9/2016 08:2	0	5/18/2016

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ANALYTICAL REPORTS

SAMPLE CODE: 354763 5/20/2016

Customer:

G. S. Group

Monica Starks 17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Mt. Calvary Child Care, DC-02-CBF-03-P

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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1030 Lead	200.8 0.015	Inorganic Ana	lytes - Metals 0.005	1 5/9/20	16 08:20	5/18/2016	

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ANALYTICAL REPORTS

SAMPLE CODE: 354764 5/20/2016

Customer:

G. S. Group

Monica Starks 17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Mt. Calvary Child Care, DC-02-CBF-03-F

Source City: Detroit

Source State:MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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1030 Lead	200.8 0.015	Inorganic Analy	/tes - Metals 0.005		5/9/2016 08:		

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MATIONAL TestingLaboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number:

Order Date:

2076912 04/19/2016

354759

Sample Number:

Product:

Lead Only

Sample Paid: No

Payment Method:

TSR: EF Sold To: G. S. Group For Laboratory Use ONLY Monica Starks Lab Accounting Information: 17800 Woodward Ave Payment \$: Detroit MI 48203 Check #:_ Lab Comments/Special Instructions: Date Sampled : 519116 Time Sampled: 8 : 20 Please Use Military Time, e.g. 3:00pm = 15:00 Check Time Zone: MEST CST MST PST **Client Name: Phone Number:** Fax Number: State Forms: PWS ID# (if applicable): Sample ID or Source: 10-01- 40-01-Lab Sample Information: Source Type: Spring Well Date Received: Other: Time Received: City & State: Received By:_ Sample recelpt criteria ch Sample Collected By Deviations from a ceptable sample receipt criteria noted on PSA form. Sample Collected By: Form Completed By:

M National Testing Laboratories, Ltd.



1-800-458-3330

Sold To:

General Compliance

Order Number:

Order Date:

Product:

TSR: EF

2076912

04/19/2016

354760

Sample Number:

Lead Only

Sample Paid: No

Payment Method:

G. S. Group

Monica Starks

17800 Woodward Ave

Detroit

MI 48203

MI 48203

Date Sampled: 5 19 1 b

Time Sampled: 8: 20 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: DEST CST MST PST

Client Name: H. Calvary Child Cure

Phone Number: 313 - 844 - 450.5

Fax Number:

Sample ID or Source: DC-OI- C-OI- F

Source Type: Spring Well Municipal Surface

Other:

City & State: Dthout (if Different than Above)

Sample Collected By (Signature)

Sample Collected By: Habari Fifty

State Forms:

Lab Sample Informa

Date Received:

Time Received:

Additional Comments:

Form Completed By:

PWS ID# (if applicable):

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location,

location #1

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS

National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number:

Order Date:

2076912

354761

Sample Number:

04/19/2016

Product:

Lead Only

Sample Paid: No

Payment Method:

Sold To:	ion: er	
G. S. Group		For Laboratory Use ONLY
Monica Starks		Lab Accounting Information:
17800 Woodward Ave		
Detroit	MI 48203	Payment \$:
		Check #:
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Time Sampled: 8: 20	Please Use Millery Time, e.g. 3:90pm = 15:00	
Check Time Zone: ☐EST ☐ CST		
Client Name: Mt. Calu		
Phone Number: 313-8	44-4505	
Fax Number:		
PWS ID# (if applicable):	Wh	State Forms:
Sample ID or Source: DC-C	2-CWF-02-P	1100000
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Form Completed By: Mic	how thers	
dditional Comments:	led at this local	tion this is location # 2
First draw,		

National Testing Laboratories, Ltd.



1-800-458-3330

General Compliance

Order Number:

Order Date:

2076912

354762 04/19/2016

Sample Number:

Product: Sample Paid: No

Lead Only Payment Method:

Sold To:	ISK: EF	
G. S. Group		For Laboratory Use ONLY
Monica Starks		Lab Accounting Information:
17800 Woodward Ave		1
Detroit	MI 48203	Payment \$:
		Check #:
Date Sampled : 5 19 1	<u>6</u>	Lab Comments/Special Instructions:
Time Sampled: 8 : 20	Please Use Military Time, e.g. 3:00pm = 15:00	
Check Time Zone: ☐EST ☐ C	ST MST PST.	
Client Name: Mt. Cal	vary Child Cure	
Phone Number: 313- 4	644-9505	
Fax Number:		
PWS ID# (if applicable):	NL	State Forms:
Sample ID or Source: DC-	02-CWF-02-F	
Source Type: Spring	Well Municipal Surface	Lab Sample Information:
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Mational Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number:

2076912 04/19/2016 354763

Order Date: Sample Number: 0,577.0

Product:

Lead Only

Sample Paid: No

Payment Method:

TSR: EF Sold To: G. S. Group For Laboratory Use ONLY Monica Starks Lab Accounting Information: 17800 Woodward Ave Payment \$: Detroit MI 48203 Check #: Lab Comments/Special Instructions: Date Sampled: 5/9/16 Check Time Zone: DEST CST MST PST **Client Name: Phone Number:** Fax Number: State Forms: PWS ID# (if applicable): Sample ID or Source: Leb Sample Information: Source Type: Spring Well MAY 1 0 2016 **Date Received:** Other. Time Received: City & State: Received By: Sample receipt criteria chec ed & acceptable. Sample Collected B Deviations from acceptable sample receipt criteria noted on PSA form. Sample Collected By: Form Completed By: Additional Comments:

National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number:

Order Date:

2076912

354764 04/19/2016

Sample Number:

Product:

Lead Only

Sample Paid: No

Payment Method:

TSR: FF

Sold To:	1010, 2.	
G. S. Group		For Laboratory Use ONLY
Monica Starks		Lab Accounting Information:
17800 Woodward Ave		Payment \$:
Detroit	MI 48203	Check #:
		Lab Comments/Special Instructions:
Date Sampled: 5 19 16		
Time Sampled: 8 20 Plea	ase Use Military Time, e.g. 3:00pm = 15:00	
Check Time Zone: DEST CST]MST□ PST ,	
Client Name: Mt. Callan	ry Child Care	
Phone Number: 313-84	4-4505	
Fax Number:	enhanderstraggebingsamssiskasistiskasistiskasistiskasistiskasistiskasistiskasistiskasistiskasistiskasistiskasi	
PWS ID# (if applicable):	NLA	State Forms:
Sample ID or Source: De- 0	2-CBF-03-F	Lab Sample Information:
Source Type: Spring We	II ☑ Municipal ☐ Surface	Date Received: // MAY 1 0/2016
Other:		1 1 20-
	7.1-	Time Received: 15:30
City & State: Description	erent than Above)	Received By: White
(IT DATE	irent than Above)	Sample receipt criteria checked & acceptable.
Sample Collected By	UDA	Deviations from a ceptable sample receipt criteria noted on PSA form.
Sample Collected By:	(Signature) WALL EFFLYS (Please Print)	
Form Completed By: Mic	have Etters	
Additional Comments:	ed at this local	rien this is location #3
The Continue on the	and the transfer of the transf	15-14
- LIAN Dankie		